

we are one
**Sibanye
Stillwater**



Health and Wellbeing



Annual Wellness Exam with your Primary Care Provider

- **Annual Wellness Exams** are a critical step to ensure that you:
 - Get the recommended **preventive care** and **cancer screenings**
 - Properly manage **chronic conditions**
- **Primary Care Providers (PCP)** maximize your wellbeing when they:
 - Get to know **you** and **your overall health**
 - Order **biometric screenings** right for you and recommend the best **follow up care** if necessary
 - **Advocate on your behalf** and **identify issues in early stages** when they're easiest to treat
 - Search for a PCP in the Cigna/Allegiance network:



<https://www.askallegiance.com/SMC/FindAProvider>



Annual Wellness Exam

➤ Wellness exams are **FREE** with the health plan when you see an **in-network**:

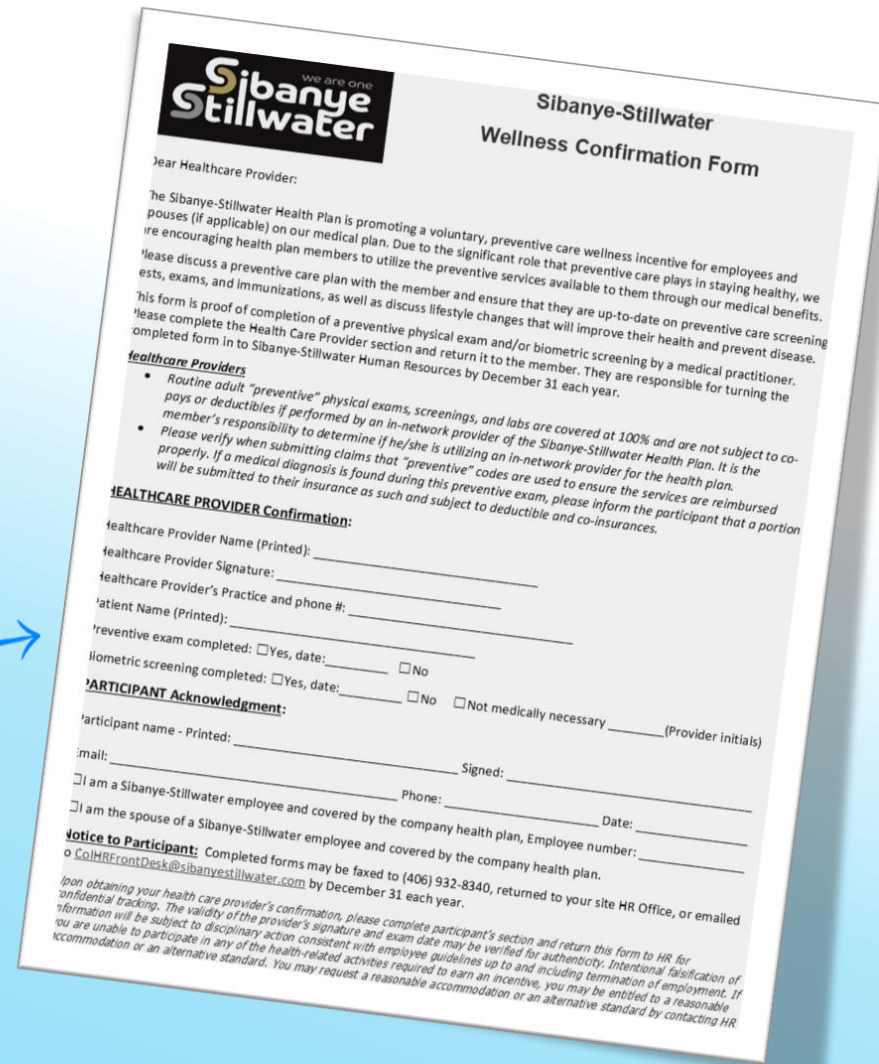
- Medical Doctor (MD)
- Doctor of Osteopathy (DO)
- OBGYN
- Nurse Practitioner (NP)
- Physician Assistant (PA)

➤ Covered employees and spouses receive a **\$50 Gift Card** after completing a wellness exam in 2021

➤ Wellness Confirmation Forms available at a site HR office or online at stillwaterfamily.org

➤ Annual wellness exam required for participation in wellness program starting in 2022

**If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting HR at: ColHRFrontDesk@sibanyestillwater.com*



The image shows a 'Sibanye-Stillwater Wellness Confirmation Form'. The form includes the following sections and text:

- Header:** Sibanye-Stillwater Wellness Confirmation Form
- Section 1:** Dear Healthcare Provider: The Sibanye-Stillwater Health Plan is promoting a voluntary, preventive care wellness incentive for employees and spouses (if applicable) on our medical plan. Due to the significant role that preventive care plays in staying healthy, we are encouraging health plan members to utilize the preventive services available to them through our medical benefits. Please discuss a preventive care plan with the member and ensure that they are up-to-date on preventive care screening tests, exams, and immunizations, as well as discuss lifestyle changes that will improve their health and prevent disease. This form is proof of completion of a preventive physical exam and/or biometric screening by a medical practitioner. Please complete the Health Care Provider section and return it to the member. They are responsible for turning the completed form in to Sibanye-Stillwater Human Resources by December 31 each year.
- Section 2: Healthcare Providers**
 - Routine adult "preventive" physical exams, screenings, and labs are covered at 100% and are not subject to co-pays or deductibles if performed by an in-network provider of the Sibanye-Stillwater Health Plan. It is the member's responsibility to determine if he/she is utilizing an in-network provider for the health plan.
 - Please verify when submitting claims that "preventive" codes are used to ensure the services are reimbursed properly. If a medical diagnosis is found during this preventive exam, please inform the participant that a portion will be submitted to their insurance as such and subject to deductible and co-insurances.
- Section 3: HEALTHCARE PROVIDER Confirmation:**
 - Healthcare Provider Name (Printed): _____
 - Healthcare Provider Signature: _____
 - Healthcare Provider's Practice and phone #: _____
 - Patient Name (Printed): _____
 - Preventive exam completed: Yes, date: _____ No
 - Biometric screening completed: Yes, date: _____ No Not medically necessary _____ (Provider Initials)
- Section 4: PARTICIPANT Acknowledgment:**
 - Participant name - Printed: _____ Signed: _____
 - Email: _____ Phone: _____ Date: _____
 - I am a Sibanye-Stillwater employee and covered by the company health plan, Employee number: _____
 - I am the spouse of a Sibanye-Stillwater employee and covered by the company health plan.
- Section 5: Notice to Participant:** Completed forms may be faxed to (406) 932-8340, returned to your site HR Office, or emailed to ColHRFrontDesk@sibanyestillwater.com by December 31 each year.
- Footnote:** Upon obtaining your health care provider's confirmation, please complete participant's section and return this form to HR for confidential tracking. The validity of the provider's signature and exam date may be verified for authenticity. Intentional falsification of information will be subject to disciplinary action consistent with employee guidelines up to and including termination of employment. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting HR.



When, What, How

Year	Wellness Participation Requirements (Qualifies for \$75 monthly rebate for each covered employee and/or spouse during following plan year...\$900 annually for individual or \$1,800 for both!)	Reward for Wellness Exam Completion
2020	Complete Biometric Screening = 2021 Rebate	N/A
2021	Complete Biometric Screening = 2022 Rebate	\$50 Gift Card for each participant
2022	Complete Biometric Screening & Wellness Exam = 2023 Rebate	N/A

